

# DISCRIMINATION COMPLAINT PROCESSING FORM

NEW JERSEY DEPARTMENT OF PERSONNEL

**INSTRUCTIONS:** To be filed with the Affirmative Action Officer or authorized designee for the State department or agency where you work or applied for employment.

**Read reverse side before completing form.**

1. Name:	2. Social Security Number (optional):	3. Telephone (Work):																
4. Job Title:	5. Department & Division:	6. Telephone (Home):																
7. Home Address:	8a. Full Name & Title of person(s) you believe discriminated against you:																	
8. Date(s) of discriminatory action(s):																		
9. Basis of Discrimination: <table border="0"><tr><td><input type="checkbox"/> Race</td><td><input type="checkbox"/> Religion</td><td><input type="checkbox"/> Ancestry</td><td><input type="checkbox"/> Retaliation (for having filed or participated in a previous discrimination complaint)</td></tr><tr><td><input type="checkbox"/> Color</td><td><input type="checkbox"/> Creed</td><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait</td></tr><tr><td><input type="checkbox"/> Sex/Gender</td><td><input type="checkbox"/> Age</td><td><input type="checkbox"/> Sexual Harassment</td><td><input type="checkbox"/> Liability for Military Service</td></tr><tr><td><input type="checkbox"/> National Origin</td><td><input type="checkbox"/> Marital Status</td><td><input type="checkbox"/> Affectional/Sexual Orientation</td><td><input type="checkbox"/> Familial Status</td></tr></table>			<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation (for having filed or participated in a previous discrimination complaint)	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Disability	<input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Liability for Military Service	<input type="checkbox"/> National Origin	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Affectional/Sexual Orientation	<input type="checkbox"/> Familial Status
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<input type="checkbox"/> National Origin	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Affectional/Sexual Orientation	<input type="checkbox"/> Familial Status															
10. Explain why you feel you have been discriminated against. (COMPLAINANT HAS THE BURDEN OF PROVING THEIR CHARGE OF DISCRIMINATION)																		
11. Complainant's Signature: _____ Date: _____																		
<input type="checkbox"/> ADDITIONAL SHEETS ATTACHED																		
12. Have you filed a discrimination complaint with the • N.J. Division on Civil Rights? <input type="checkbox"/> YES <input type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. Have you filed a grievance on the issues / personnel actions described? <input type="checkbox"/> YES <input type="checkbox"/> NO																
14. The following information is requested to comply with State and Federal recordkeeping and reporting requirements.  SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE/ETHNICITY: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native																		
<b>DO NOT WRITE BELOW THIS LINE</b>																		
EEO/AA Officer Signature: _____		Date Received: _____																

DISTRIBUTION: Original WHITE copy for AA Officer, or authorized designee YELLOW for Division of EEO/AA, PINK for Complainant



# Personnel

[www.state.nj.us/personnel](http://www.state.nj.us/personnel)

DPF-481 Revised 8-29-01

James E. McGreevey, Governor

Ida L. Castro, Commissioner

## STATE OF NEW JERSEY

### General Procedures For Internal Complaints Alleging Discrimination, Harassment Or Hostile Environments In The Workplace

Each State department, commission, state college, and authority is responsible for implementing this general procedure, completing it to reflect the structure of the organization, and filing a copy of the completed procedures with the Department of Personnel

1. All employees (including applicants for employment) have the right and are encouraged to report immediately suspected violations of the State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace.

2. Employees can report incidents of discrimination to either (Name of Officer), the EEO/AA Officer, or to any supervisory employee in the (Appointing Authority). Employees may also report such incidents to (Authorized Designee).

3. Employees should make every effort to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily subject the victim to continued unlawful conduct.

4. Supervisory employees should immediately report all alleged violations of the State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace, whether reported by an employee or observed directly, to (Name of Officer), EEO/AA Officer.

5. If reporting a complaint to any of the persons set forth above presents a conflict of interest, the complaint may be filed directly with the Department of Personnel, Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative, or decision making process.

6. While not mandatory, in order to facilitate a prompt, thorough, and impartial investigation, all complainants should fill out a Discrimination Complaint Processing Form (DPF-481).

7. During the initial intake of a complaint, the EEO/AA Officer or authorized designee will obtain information regarding the workplace discrimination, harassment, or hostile environment complaint, and determine if intermediate protective measures are necessary to prevent continued violations of the State's Policy Prohibiting Discrimination, Harassment and Hostile Environments in the Workplace.

8. At the EEO/AA Officer's direction, when necessary, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place.

9. The EEO/AA Officer or his/her designee will prepare an investigatory report when the investigation is completed. The report will include: (a) a summary of the complaint; (b) summary of the facts developed through the investigation; and (c) an analysis of the allegations and the facts. The investigatory report will be submitted to (Appointing Authority Head), who will issue a final determination.

10. (Appointing Authority Head) will review the investigatory report issued by the EEO/AA Officer or authorized designee and make a determination as to whether the allegation of a violation of the State's Policy Prohibiting Discrimination, Harassment and Hostile Environments in the Workplace has been substantiated. If a violation has occurred, (Appointing Authority Head) will determine the appropriate corrective measures necessary to remedy immediately the violation.

11. (Appointing Authority Head) will issue to all parties a

final letter of determination containing the results of the investigation. The Division of EEO/AA, Department of Personnel shall be furnished with a copy of the final letter of determination.

12. If the complainant disagrees with the determination of the (Appointing Authority), he/she may submit a written appeal, within twenty days of the receipt of the letter of determination from the (Appointing Authority), to the Merit System Board, P.O. Box 312, Trenton, NJ 08625. The appeal should contain a concise explanation of the disagreement. Regulations governing the appeal process are set forth at N.J.A.C. 4A:7-3.2

13. To the extent practical and appropriate under the circumstances, confidentiality will be maintained throughout all phases of the intake, investigation, and remediation process. Any breach of confidentiality by any party involved in this procedure may be considered an act of obstruction and may subject that employee to disciplinary action.

14. Any employee can file directly with external agencies that investigate discrimination/harassment charges in addition to utilizing this internal procedure. The time frames for filing complaints with external agencies indicated below are provided for informational purposes only. You should contact the specific agency to obtain exact time frames. The deadlines run from the last date of unlawful harassment or discrimination, not from the date that the internal workplace discrimination/harassment complaint to the employer is resolved.

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### Employees may file complaints with the following agencies:

#### Division on Civil Rights N.J. Department of Law & Public Safety *180 days for violation of State law*

Trenton Regional Office  
140 East Front Street  
6th Floor - P.O. Box 089  
Trenton, New Jersey 08625-0089  
(609) 292-4605

Camden Regional Office  
One Port Center  
2 Riverside Drive, Suite 402  
Camden, NJ 08103  
(856) 614-2550

Paterson Regional Office  
100 Hamilton Plaza  
Paterson, NJ 07505  
(973) 977-4500

Atlantic City Satellite Office  
26 Pennsylvania Avenue  
Atlantic City, NJ 08401  
(609) 441-3100

Newark Regional Office  
31 Clinton Street  
P.O. Box 46001  
Newark, NJ 07102  
(973) 648-2700

#### United States Equal Employment Opportunity Commission (EEOC) *300 days*

Philadelphia District Office  
The Bourse Building, Suite 400  
21 S. Fifth Street  
Philadelphia, PA 19106-2515  
(215) 440-2600

Newark District Office  
1 Newark Center  
21<sup>st</sup> Floor  
Newark, NJ 07102-5233  
(973) 645-6385